

Name
in
Full

William Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smack</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1909	Month	Nov.	Day	1
Age	74	Years		Months	70
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	None Retired		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <u>Charlotte E. Bowen</u>				
Father's Name	<u>Levy Bowen</u>			Father's Birthplace	Ind
Mother's Maiden Name	<u>Elin</u>			Mother's Birthplace	Ind
Name of person giving Information	<u>Charlotte Bowen</u>			How related to deceased	wife

CAUSES OF DEATH

79

Primary	<u>Heart disease</u>	How long	<u>immediate</u>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Physician / O.K.
Law Jones
1835 - 7 - April

Accident or Suicide

Wheat
Slate. hault
3. o'clock.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clara Bridell Child

Town *Berlin* County *Winchester* MARYLAND

Died at *Berlin*

Date of death *1909 Nov 1* Age *0* Months *0* Days *0*

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Clara Bridell* Mother's Birthplace *Maryland*

Name of person giving Information *William Powell* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still born* How long *8* ☒ *✓*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *O. H. D. A. Massey*

Address *Not in attendance*

Accident or Suicide _____

C. J. E.

Berlin

Name
in
Full

John E Brittingham

209

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

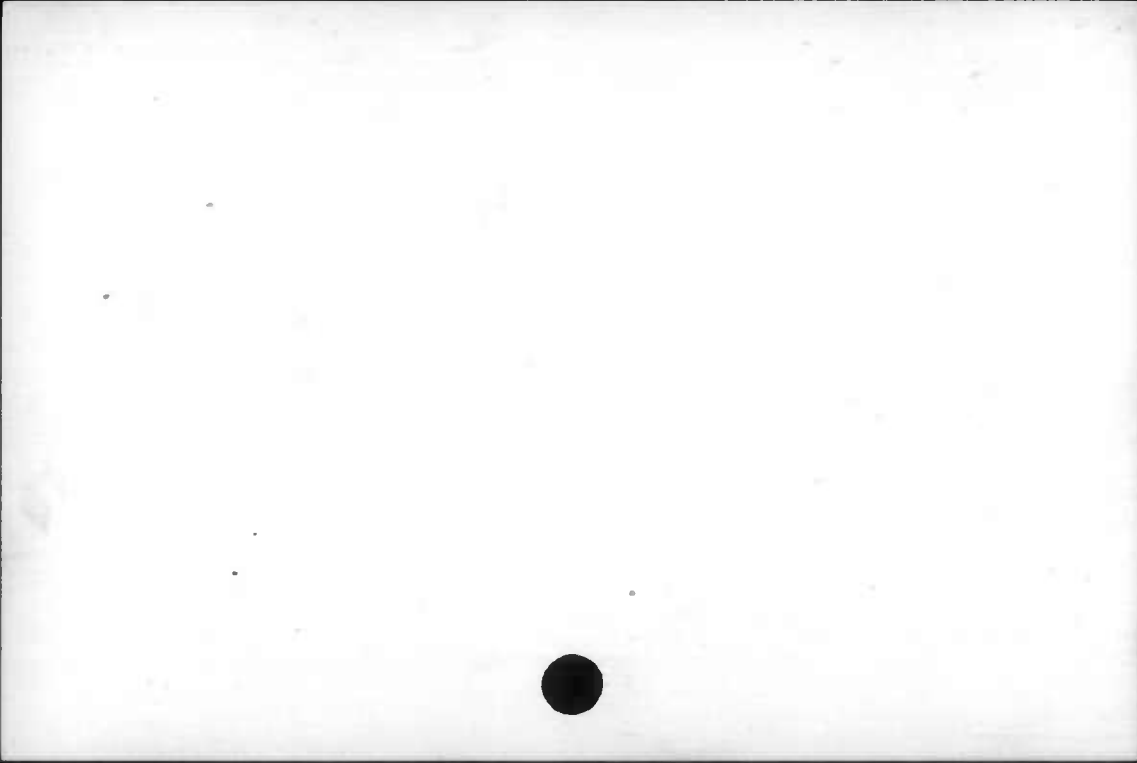
Died at		Town		County		MARYLAND	
Near Pocomoke		Worcester					
Date of death		Month	Day	Age	Years	Months	Days
1909		November	24	80		1	—
Sex		Color or Race		Birth-place			
male		white		Maryland			
Occupation		Where Residing if not at place of death					
Farmer		Virginia					
Married, Single or Widowed		Name of Wife or Husband					
married		Mary A Brittingham					
Father's Name		Father's Birthplace					
Purnell Brittingham		Don't know					
Mother's Maiden Name		Mother's Birthplace					
Easter Brittingham		—					
Name of person giving Information		How related to deceased					
Grover Brittingham		Son					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		How long	
Chronic Heart trouble			
Immediate		How long	
Syncope after excessive exertion			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Robinson, Jr. P.	
		Address	
		as coroner	
		Pocomoke City Md	
Accident or Suicide			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jasna E. Carey

Town *Synpoint* County *Mon.*

Died at *Synpoint* *Nov.*

Date of death 1909 *Nov.* 2 *Age 78*

Sex *Male* Color or Race *White* Birthplace *Near Berlin*

Occupation *Farmer* Where Residing if not at place of death *Near Berlin*

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth, Carey*

Father's Name *Salmon Carey* Father's Birthplace *Near Berlin*

Mother's Maiden Name *Hetty Bell* Mother's Birthplace *" "*

Name of person giving Information *Heath Carey* How related to deceased *Son*

CAUSES OF DEATH

Primary *Heart-valve lesion* How long *8 months*

Immediate *Emphysemas of swollen lungs four days* How long *four days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. W. Driscoll*

Address *Berlin Md*

Accident or Suicide

PHYSICIAN
OR CORONER

J. W. B.
Buckingham

Name
in
Full

207

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

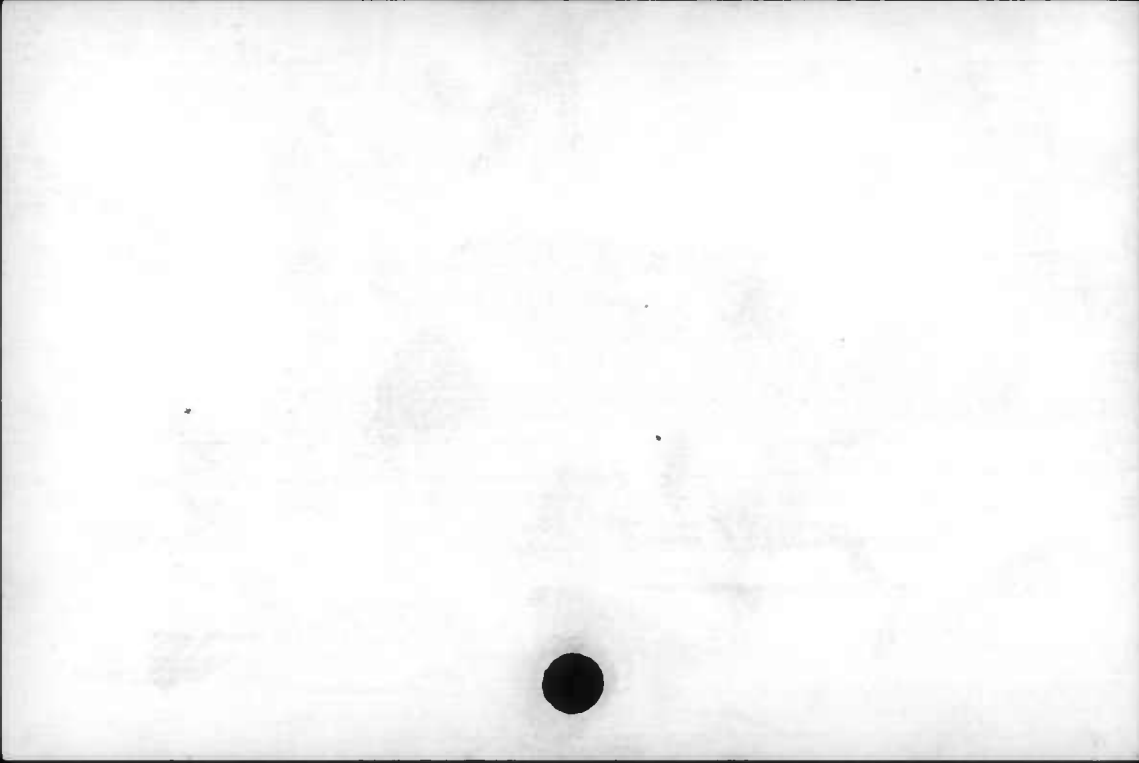
Name in Full <i>J. Hargis Hayman</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at		Month <i>Nov</i>		Day <i>1</i>		Year <i>1909</i>	
Date of death		Age <i>67</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pocomoke Co</i>			
Occupation <i>Mechanic</i>		Where Residing if not at place of death <i>Pocomoke City</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henrietta F</i>					
Father's Name <i>David Hayman</i>		Father's Birthplace <i>Pocomoke Co</i>					
Mother's Maiden Name <i>Elinor Loder</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Henrietta F Hayman</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary <i>Cerebral Thrombosis</i>		How long <i>1 week</i>	
Immediate <i>Paralysis + Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel J. L...</i>	
		Address <i>Pocomoke City</i>	
Accident or Suicide			



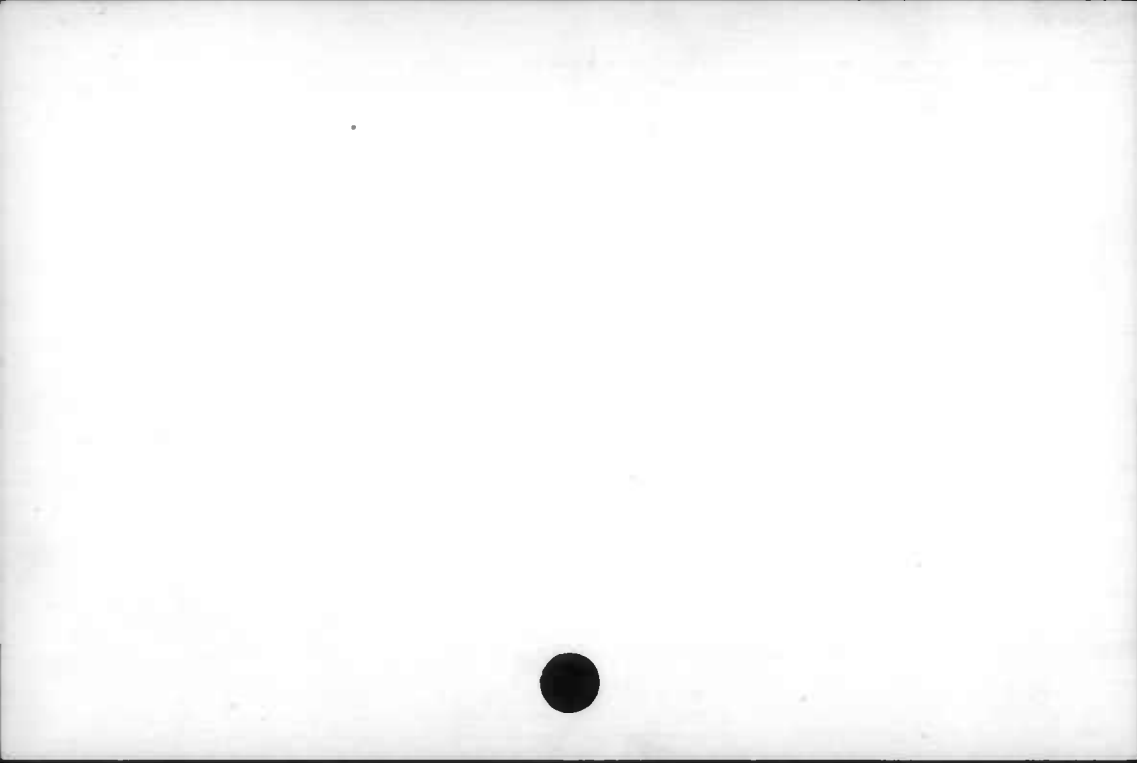
Name
in
Full208
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hitchins</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		<i>November</i>	<i>22</i>	<i>—</i>	<i>—</i>	<i>2</i>	
Sex	<i>white male</i>	Color or Race	<i>white</i>		Birthplace	<i>Pocomoke city</i>	
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>M. F. Hitchins</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Mollie Stevens</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

Primary	<i>Unnatural Birth</i>	How long	<i>2 1/2 days</i>
Immediate	<i>Obstruction</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>✓</i>		<i>J. Wilson</i>	
		Address	
		<i>Pocomoke City</i>	
Accident or Suicide			
<i>✓</i>			

PHYSICIAN
OR CORONER



Name
in
Full


CERTIFICATE OF DEATH

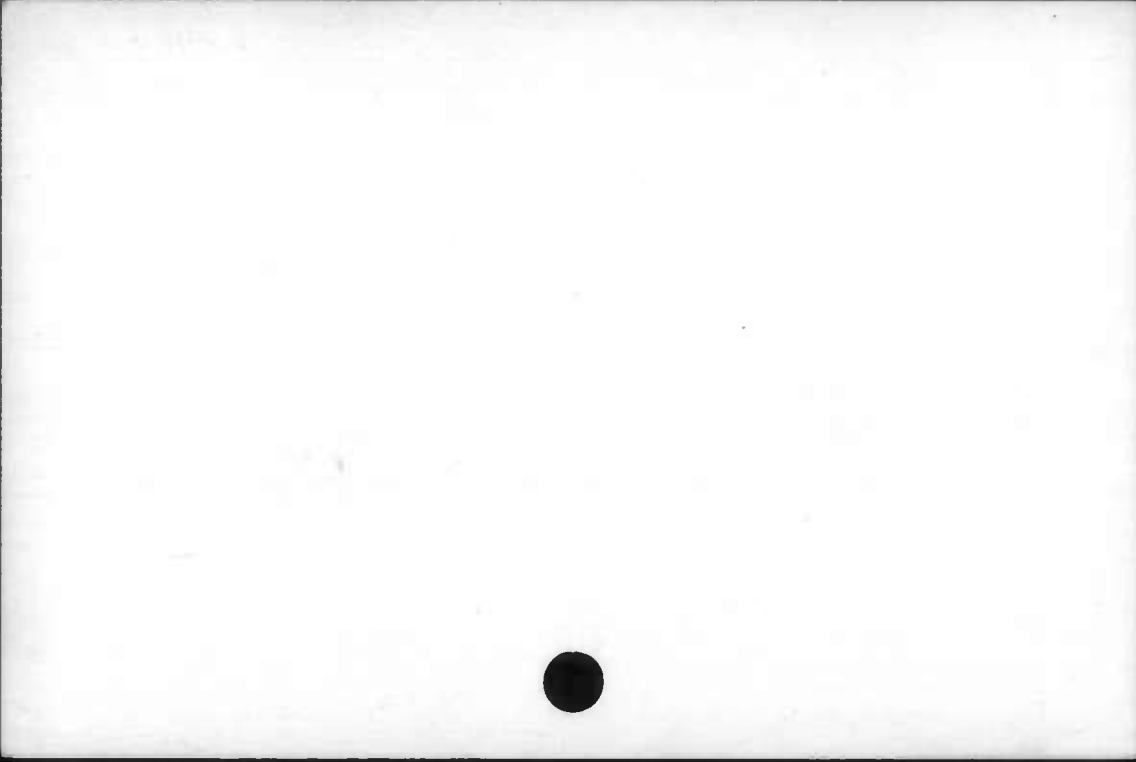
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Calvin J Jones</i>		Town <i>Shovel Hill #2</i>		County <i>Worcester</i>		State MARYLAND	
Died at <i>Shovel Hill #2</i>		Month <i>Nov</i>		Day <i>1st</i>		Years <i>1909</i>	
Date of death <i>1909 Nov 1st</i>		Age <i>15</i>		Months <i>1</i>		Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not of place of death <i>on the Road to Doctor</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>William J Jones</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Laura J Harmon</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>William J Jones</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long <i>Annually</i>
Immediate <i>Yes</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No Doctor</i>
<i>D. Harmon</i>	Address 
Accident or Suicide	



Name
in
Full

Horace Duran Purnell

CERTIFICATE OF DEATH

Died at ^{Town} New Ark		^{County} Worcester		MARYLAND	
Date of death	1909	Month	Nov	Day	17
Age	13	Years		Months	3
Sex	Male	Color or Race	colored	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Thomas Purnell			Father's Birthplace	Maryland
Mother's Maiden Name	Rancie Waters			Mother's Birthplace	Maryland
Name of person giving Information	John Thomas Purnell			How related to deceased	father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Typhoid fever	How long	4 weeks
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John L. Riley
		Address	Brown Hill Md
Accident or Suicide	no		

PHYSICIAN
OR CORONER



Name
in
Full

Bella J. Ruark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

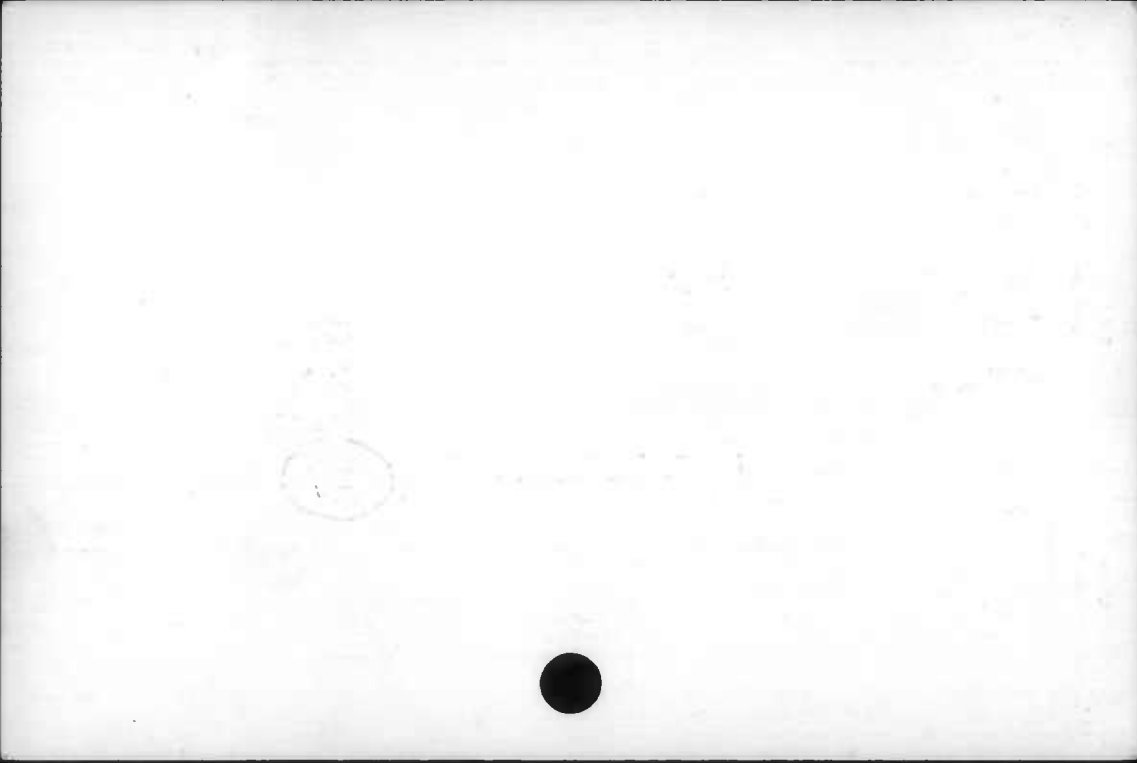
Died <i>Nov</i> <i>Snow Hill</i> Town		County <i>Worcester</i>		MARYLAND	
Date of death	190 <i>9</i> <i>Nov</i> Month	<i>1</i> Day	Age <i>19</i> Years	<i>6</i> Months	<i>20</i> Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>			
Occupation <i>housework</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>Josiah P. Ruark</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Allice Jones</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information <i>L. P. Ruark</i>	How related to deceased <i>uncle</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Pulmonary hemorrhage</i>	How long <i>10 min</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill, Ind</i>
Accident or Suicide <i>✓</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		11	6			9	8
Sex		Color or Race		Birth-place			
Male		White		Stockton, Md.			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Elwood G. Sedgwick				Delaware			
Mother's Maiden Name				Mother's Birthplace			
Rebecca C. Moore				Delaware			
Name of person giving information				How related to deceased			
Elwood G. Sedgwick				Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Icterus		How long	9 months
	Immediate	Exhaustion		How long	7 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Yes		John D. Dickerson, M.D.		
		Address		Stockton, Md.	
Accident or Suicide?					



Name
in
Full

Closa Selby

CERTIFICATE OF DEATH

Died at *Near Bethu*

Town

County

MARYLAND

Date

of death

1909

Month

Nov.

Day

21

Age

Years

88

Months

Days

Sex

Female

Color or
Race

Col.

Birth-
place

Near Bethu Md

Occupation

House Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Peter Davis

Father's
Birthplace

Near Bethu Md

Mother's
Maiden Name

Lillian Henry

Mother's
BirthplaceName of person giving
Information

Jane Bridgell

How related
to deceased

Daughter

CAUSES OF DEATH

154

Primary

No Dr. in Attendance

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

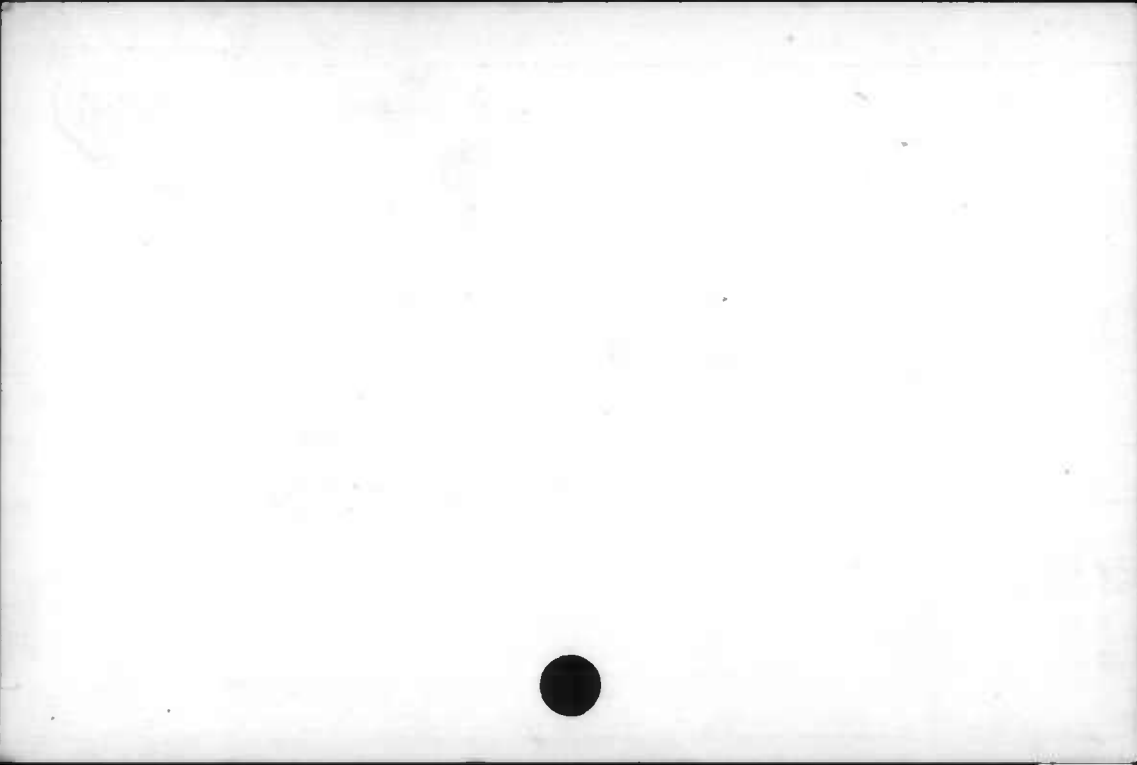
Old Age

Address

Dr. D. A. Massey

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Infant Pocumuck City ^{Unknown} 1888
Town County

CERTIFICATE OF DEATH

Town		County		State	
Died at	<i>W. A. K. Nov 29</i>	<i>1809</i>	<i>Nov</i>	MARYLAND	
	Month	Day	Years	Months	Days

Date of death	Month	Day	Years	Months	Days
1909			Age Infant		

Sex	Female	Color or Race	Dark Negro	Birth-place	Unknown Pocumoke
-----	--------	---------------	------------	-------------	------------------

Occupation	Where Residing if not at place of death
------------	--

Married, Single or Widowed	Infant	Name of Wife or Husband	not known
-------------------------------	--------	----------------------------	-----------

Father's Name	not known	Father's Birthplace	not known
---------------	-----------	---------------------	-----------

Mother's Maiden Name	not known	Mother's Birthplace	" "
-------------------------	-----------	------------------------	-----

Name of person giving Information	Steven Bailey	How related to deceased	brother
-----------------------------------	---------------	-------------------------	---------

CAUSES OF DEATH

176

Primary	Strangulation	How long	found dead
		How long	

Immediate Found dead

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. T. Coston

Address _____

Pocomoke City Md

Accident or Suicide Murder J. L. Robinson Coroner

OFFICE SUPPLY CO., 11-15-08

PHYSICIAN
OR CORONER

